## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
CREDO SUPERPAC	C C00507517	
Check If 24-hour report X 48-hour report New report Amends report filed on		
Full Name (Last, First, Middle Initial) of Payee Alliance Graphics	A M / D D / Y Y Y Y	
Mailing Address 1101 8th Street, Suite 100	10 15 2012	
City State Zip Code		
Berkeley CA 94710	544.21 ction ID : SE.10521	
Purpose of Expenditure Printing  Category/ Type  Office Sough	Senate District: 06	
Name of Federal Candidate Supported or Opposed by Expenditure:  MICHELE BACHMANN  Check One:	President Support Oppose	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2012 Office Sought Disbursement 2012	nt For: Primary General	
Full Name (Last, First, Middle Initial) of Payee  Credo Mobile  Date	10 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 101 Market Street	10 04 2012	
Suite 700 Amou	int	
City State Zip Code San Francisco CA 94105	1337.76 action ID : SE.10518	
Purpose of Expenditure Phones  Category/ Type  Office Sough		
Name of Federal Candidate Supported or Opposed by Expenditure:  MICHELE BACHMANN  Check One:	President Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 3337.76 Disbursement 2012	nt For: Primary General ther (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	1881.97	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7 1	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Becky Bond  [Electronically Filed] Date 10	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 2 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
CREDO SUPERPAC	C C00507517	
Check If 24-hour report X 48-hour report New report Amends report	ort filed on	
Full Name (Last, First, Middle Initial) of Payee Impact Dialing	Date	
	10 05 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 3543 19th Street	Amount	
City State Zip Code	500.00	
San Fracisco CA 94110	500.00 Transaction ID : SE.10519	
Purpose of Expenditure Phones  Category/ Type	Office Sought: House State: MN Senate District: 06	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
MICHELE BACHMANN	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General  2012 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee McFarland & Company	Date	
Mailing Address 4033 Cedar Ave S	09 / 25 / 2012	
4035 Cedal Ave S	Amount	
City State Zip Code	2000.00	
Minneapolis MN 55407	Transaction ID : SE.10516	
Purpose of Expenditure Strategic Consulting  Category/ Type	Office Sought: House State: MN Senate District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
RAYMOND J MR. CRAVAACK	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General  Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	2500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	<b>•</b>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Becky Bond [Electronically Filed] Date	e 10 19 2012	
Signature		

## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 3 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
CREDO SUPERPAC	C C00507517	
Check If 24-hour report X 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee		
NGP VAN	Date	
Mailing Address 1101 156h Street, NW	10 12 2012 Amount	
City State Zip Code	, unount	
Washington DC 20005	6000.00	
	Sought: House State: MN Senate District: 06	
Name of Federal Candidate Supported or Opposed by Expenditure:	President — 06	
	k One: Support X Oppose	
Calendar Year-To-Date Per Election for Office Sought Disbu 2012	rsement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Seven Corners Printing	Date	
Mailing Address 5113 Madison Ave	10 15 2012	
	Amount	
City State Zip Code Sacramento CA 95842	74.26	
	Fransaction ID : SE.10522  Sought: House State: MN Senate District: 06	
Name of Federal Candidate Supported or Opposed by Expenditure:	President — 08	
	k One: Support X Oppose	
Calendar Year-To-Date Per Election for Office Sought Disbu 2012	orsement For: Primary General  Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	6074.26	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) SOBTOTAL OF CHIROTHECO INDEPENDENT EXPENDITURES		
(c) TOTAL Independent Expenditures	10456.23	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Becky Bond [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		